



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



2015 State Health Plan Annual Enrollment
HBR Training

A Division of the Department of State Treasurer

Agenda

- Eligibility and Enrollment Reminders
- Overview of Changes for 2015
- Wellness Incentives
- Medicare Primary Members
- Retiring Member Reminders
- Newly Eligible Employees Plan Option
- HBR Resources
- Questions and Discussion

Annual Enrollment will be conducted October 1 – 31, 2014.

Eligibility and Enrollment Reminders

- During Annual Enrollment you are able to:
 - Enroll in the State Health Plan
 - Disenroll from the State Health Plan
 - Switch between plans
 - Add or remove dependents without a qualifying life event
- An eligible dependent of a covered employee includes:
 - Legal spouse;
 - Children up to age 26, including natural, legally adopted, foster children, children for which the employee has legal guardianship and stepchildren of the employee;
 - Coverage for such children (described above) who are covered by the Plan when they turn age 26 to the extent that they are physically or mentally incapacitated on the date that they turn age 26. A child is physically or mentally incapacitated if they are incapable of earning a living due to a mental or physical condition. Coverage continues for such children as long as the incapacity exists or the date coverage would otherwise end, whichever is earlier.
 - It is essential that dependent verification documentation is maintained on all dependents. (e.g., birth certificate, marriage certificate, court orders)
 - eEnroll users may use the document upload functionality to store the dependent verification documentation. For more information on how to use that tool, contact your Benefitfocus Account Manager.
- Outside of Annual Enrollment you may not switch between plans, add or remove dependents or disenroll from the State Health Plan unless you experience a qualifying life event, such as marriage, birth, death or retirement and those changes must be made within 30 days of the event. Find a complete list of qualifying life events in the Benefits Booklets, which are available online at www.shpnc.org.

What's New for 2015?

- No dependent premium rate increases for 2015. Rates will remain the same.
- If members are satisfied with the plan in which they are enrolled, they **may remain in that plan** and do not need to re-enroll.
- Members who are enrolled in the Enhanced 80/20 Plan or the Consumer-Directed Health Plan (CDHP) and wish to **maintain or lower** their employee-only premium will need to follow steps regarding the necessary wellness premium credit activities by Oct. 31, 2014.
- If wellness premium credits are not completed by Oct. 31, 2014, members will **remain in the same plan**, however, they're employee-only premium will be higher.
- New coverage for Applied Behavior Analysis (ABA) for autism.
- Updates to the ACA Preventive Drug List and ACA Preventive Services list.

Health Plan Options for 2015

Enhanced 80/20 Plan

- \$0 ACA Preventive Services
- \$0 ACA Preventive Medications
- Wellness Incentives
 - Reduced medical copay opportunities

Consumer-Directed Health Plan (CDHP) with HRA

- A high-deductible medical plan
- A Health Reimbursement Account (HRA) to help offset the deductible
- Maximum Out-of-Pocket includes medical and pharmacy
- 85/15 Coinsurance
- \$0 ACA Preventive Services
- \$0 ACA Preventive Medications
- CDHP Preventive Medication List (\$0 deductible)
- Wellness incentives
 - Additional HRA funds for visiting certain providers

Traditional 70/30 Plan

- No incentives available
- No \$0 ACA Preventive Services
- No \$0 ACA Preventive Medications

The ACA Preventive Services List, Preventive Medication List and the CDHP Preventative Medication List are available on the Plan's website at www.shpnc.org

Annual Enrollment will be conducted October 1 – 31, 2014.

Wellness Premium Credits

Enhanced 80/20 Plan

1) Health Assessment

- Members will need to complete or update a Health Assessment through the Personal Health Portal.
- If Subscribers have taken or updated their Health Assessment between Nov. 1, 2013, and Oct. 31, 2014, through their Personal Health Portal or by phone, it will count toward their premium credit.

2) Primary Care Provider

- Members will need to select a Primary Care Provider for themselves and any covered dependents.
- If members selected a PCP during the last Annual Enrollment or at some other time throughout the year, they will receive the premium credit.

3) Smoking Attestation

- Members and if applicable their spouse will need to attest to being a non-smoker or commit to a smoking cessation program by Jan. 1, 2015.
- Even if members attested during last year's Annual Enrollment, they will need to re-attest.

Consumer-Directed Health Plan (CDHP) with HRA

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3) Smoking Attestation

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- Even if members attested during last year's Annual Enrollment, they will need to re-attest.

Traditional 70/30 Plan

- Premium Credits Not Available

Wellness Premium Credits

Wellness Activity	How to Complete It	When Members Can Take It
Subscriber completes a confidential Health Assessment (HA)	Through the State Health Plan website (www.shpnc.org), click on NC HealthSmart and member logs into the <i>Personal Health Portal</i> . Health Assessments can also be completed by telephone at 800-817-7044.	If members have taken or updated their Health Assessment between Nov. 1, 2013, and Oct. 31, 2014, through the Personal Health Portal or by phone, it will count toward their premium credit, so encourage people to take it now!
Subscriber selects a Primary Care Provider (PCP) and selects PCP for each dependent covered on the State Health Plan.	Log into the BEACON/eEnroll system to select a PCP. If members have trouble locating a provider, they can contact 888-234-2416.	If members selected a PCP during the last Annual Enrollment or at some other time throughout this year, they will receive the premium credit. <i>(Remember, it takes 5 calendar days to update in the system)</i>
Subscriber attests to being a non-smoker/commits to a cessation program by Jan. 1, 2015, and attests for spouse if applicable	Log into the BEACON/eEnroll system during Annual Enrollment. Members will be prompted during the enrollment process.	During Annual Enrollment, Oct. 1-31, 2014. Even if members attested during last year's Annual Enrollment, they will need to re-attest.

Members will remain in the plan in which they are currently enrolled. If that includes the Enhanced 80/20 and the CDHP and members would like to maintain their lower employee-only premium they will need to complete the activities above. Failure to complete the credits does not place members in another plan it just impacts their employee-only premium.

Additional Wellness Incentives

Enhanced 80/20 Plan	Consumer-Directed Health Plan (CDHP) with HRA	Traditional 70/30 Plan
<p>Wellness incentives:</p> <ul style="list-style-type: none">• \$15 copay reduction for utilizing the PCP (or someone in that practice) listed on the ID card• \$10 specialist copay reduction for utilizing a Blue Options Designated Specialist• \$0 inpatient hospital copay for utilizing a Blue Options Designated Hospital	<ul style="list-style-type: none">• Wellness incentives:<ul style="list-style-type: none">• \$15 added to the HRA when the PCP (or someone in that practice) listed on the ID card is seen• \$10 added to the HRA when a Blue Options Designated Specialist is seen• \$50 added to the HRA when a Blue Options Designated Hospital is utilized for inpatient services	<ul style="list-style-type: none">• Incentives Not Available

Who can be a Primary Care Provider?

- **A Primary Care Provider can practice:**
 - General / Family Medicine
 - Internal Medicine
 - Pediatrics, or
 - Obstetrics and Gynecology
- **A Primary Care Provider can be:**
 - Licensed Nurse Practitioners and Physician's Assistants

Specialty Providers cannot be selected as a PCP.

What Is a Blue Options Designated Provider?

- Blue Options Designated providers meet BCBSNC criteria for:
 - Delivering quality health outcomes
 - Cost effectiveness
 - Accessibility by members
- The Blue Options Designated provider network includes hospitals and certain types of specialists:
 - General Surgery
 - Ob-Gyn
 - Gastroenterology
 - Orthopedics
 - Cardiology
 - Neurology

To find a Designated Blue Options provider, members may go online to www.shpnc.org and click on Member Services, then on “Find a Doctor or Facility” or call 888-234-2416

Current List of Blue Options Designated Hospitals*

Albemarle Hospital
Alleghany County Memorial Hospital
Angel Medical Center
Ashe Memorial Hospital
Bladen County Hospital
Blue Ridge Regional Hospital
Carolinaeast Medical Center
Carolinas Medical Center
Carolinas Medical Center University
Carolinas Medical Center-Mercy
Caromont Regional Medical Center
Catawba Valley Med Center
Central Carolina Hospital
Charles A. Cannon, Jr. Memorial Hospital
Chatham Hospital
Davie County Hospital
Doshier Memorial Hospital
Firsthealth Montgomery Mem Hospital
Firsthealth Moore Regional
Frye Regional Medical Center
Granville Medical Center
Harris Regional Hospital
Haywood Regional Medical Center
Highlands Cashiers Hospital
Hugh Chatham Memorial Hospital

Lexington Memorial Hospital
Marg R. Pardee Memorial Hospital
Moses H. Cone Memorial Hospital
New Hanover Regional Medical Center
North Carolina Specialty Hospital
Northern Hospital of Surry County
Novant Health Brunswick Medical Center
Novant Health Rowan Medical Center
Pender Memorial Hospital
Pioneer Community Hospital of Stoke
Randolph Hospital
Rex Hospital
Sampson Regional Med Center
St Lukes Hospital
Stanly Regional Medical Center
Swain County Hospital
The McDowell Hospital
The Outer Banks Hospital, Inc.
Transylvania Community Hospital
UNC Hospitals
Vidant Bertie Hospital
Vidant Chowan Hospital
Vidant Pungo Hospital
Washington County Hospital
Yadkin Valley Community Hospital

*Blue Options Designated providers are reviewed on an annual basis – this list may change prior to January 1, 2015.

The Enhanced 80/20 Plan

Lower Your Premiums with Wellness Premium Credits— *The Enhanced 80/20 Plan*

Complete Wellness Activities By October 31, 2014	Enhanced Plan Premium Credits
Subscriber attests to being a non-smoker/commits to a cessation program by Jan. 1, 2015, and attests for spouse if applicable	\$20 per month
Subscriber (only) completes a confidential Health Assessment (HA)	\$15 per month
Subscriber and any covered dependents select a Primary Care Provider	\$15 per month
<i>Reduce subscriber premium by ...</i>	\$50 per month

Enhanced 80/20 Plan Premium Rates

Coverage Type	Employee/ Retiree Monthly Premium	Dependent Monthly Premium	Total Monthly Premium	Monthly Wellness Premium Credit	Total Monthly Premium
Employee/Retiree	\$63.56	N/A	\$63.56	\$50.00*	\$13.56*
Employee/Retiree + Child(ren)	\$63.56	\$272.80	\$336.36	\$50.00*	\$286.36*
Employee/Retiree + Spouse	\$63.56	\$628.54	\$692.10	\$50.00*	\$642.10*
Employee/Retiree + Family	\$63.56	\$666.38	\$729.94	\$50.00*	\$679.94*

**Assumes completion of all three wellness activities.*

ACA Preventive Medications

This is available on the Plan's website at
www.shpnc.org.

Drug or Drug Category	Criteria
Aspirin (to prevent cardiovascular events) – Generic OTC 81mg and 325mg	Men ages 45 to 79 years and women ages 55 to 79 years
Bowel preparation for colonoscopy screening – Generic and brand prescription and OTC preparations	Men and women ages 49-76 years Two prescriptions per year
Fluoride – Generic OTC and prescription products	Children older than 6 months of age through 5 years old
Folic Acid – Generic OTC and prescription products 0.4– 0.8mg	Women through age 50 years
Iron Supplements – Generic OTC and prescriptions products	Children ages 6 to 12 months who are at risk for iron deficiency anemia
Primary Prevention of Breast Cancer – Generic tamoxifen, generic raloxifene, and brand Soltamox (tamoxifen oral solution)	Asymptomatic women ≥ 35 years who meet authorization criteria
Tobacco Cessation – Generic OTC patches, gum, and lozenges Prescription generic extended-release bupropion 12 hour and brand Chantix (varenicline)	Members ≥ 18 years OTC product coverage for members who enroll in the QuitlineNC multi-call program and do not have a medical exclusion Chantix limited to a 6 month supply in 12 months
Vitamin D – Generic OTC and prescription products	Men and Women ages ≥ 65 who are at increased risk for falls
Women's Contraception Coverage 1) Barrier contraception – i.e. caps, diaphragms 2) Hormonal contraception (generic and select brands if a generic is not available) - oral, transdermal, intravaginal, injectable 3) Emergency contraception 4) Implantable medications 5) Intrauterine contraception 6) OTC contraceptives (with a prescription)	Women through age 50 You must have a prescription for these medications to have them covered at 100%

Enhanced 80/20 Plan Highlights in 2015

Coverage	In-Network	Out-of-Network
Annual Deductible	\$700 individual/\$2,100 family	\$1,400 individual/\$4,200 family
Coinsurance (after deductible is met)	20% of eligible expenses	40% of eligible expenses plus 100% of amount above the Plan's allowed amount
Coinsurance Maximum (excludes deductible)	\$3,210 individual/\$9,630 family	\$6,420 individual/\$19,260 family
Office Visits	\$30 copay for primary doctor; \$15 copay if the PCP on the ID card is utilized \$70 copay for specialists; \$60 copay if a Blue Options Designated specialist is utilized	40% after deductible
Inpatient Hospital	\$233 copay, then 20% after deductible; copay not applied if a Blue Options Designated hospital is utilized	\$233 copay, then 40% after deductible
Prescription Drugs (for 30-day supply)	Tier 1 \$12 copay Tier 2 \$40 copay Tier 3 \$64 copay Tier 4 Preferred specialty medications 25% up to \$100 maximum per 30-day supply Tier 5 Non-preferred specialty medications 25% maximum up to \$125 maximum per 30-day supply \$0 for ACA Preventive Medications	Tier 1 \$12 copay Tier 2 \$40 copay Tier 3 \$64 copay Tier 4 Preferred specialty medications 25% up to \$100 maximum per 30-day supply Tier 5 Non-preferred specialty medications 25% maximum up to \$125 maximum per 30-day supply \$0 for ACA Preventive Medications

The Consumer-Directed Health Plan with Health Reimbursement Account (HRA)

Lower Subscriber Premiums with Wellness Premium Credits—CDHP

Complete Wellness Activities By October 31, 2014	CDHP Premium Credits
Subscriber attests to being a non-smoker/commits to a cessation program by Jan. 1, 2015, <i>and attests for spouse if applicable</i>	\$20 per month
Subscriber (only) completes a confidential Health Assessment (HA)	\$10 per month
Subscriber selects a Primary Care Provider (and any covered dependents)	\$10 per month
<i>Reduce subscriber premium by ...</i>	\$40 per month

CDHP Premium Rates

Coverage Type	Employee/ Retiree Monthly Premium	Dependent Monthly Premium	Total Monthly Premium	Monthly Wellness Premium Credit	Total Monthly Premium
Employee/Retiree	\$40.00	N/A	\$40.00	\$40.00*	\$0.00*
Employee/Retiree + Child(ren)	\$40.00	\$184.60	\$224.60	\$40.00*	\$184.60*
Employee/Retiree + Spouse	\$40.00	\$475.68	\$515.68	\$40.00*	\$475.68*
Employee/Retiree + Family	\$40.00	\$506.64	\$546.64	\$40.00*	\$506.64*

**Assumes completion of all three wellness activities.*

Consumer-Directed Health Plan (CDHP): Medical Benefits

Important Reminders:

- Instead of copays, members will have to meet a deductible. After meeting the deductible members pay a 15% coinsurance on all in-network medical and pharmacy benefits except for ACA preventive services and ACA preventative medications, which are covered at 100%.
- The deductible and coinsurance are included in the out-of-pocket maximum.
- Medical and pharmacy expenses both apply to the out-of-pocket maximum.
- The CDHP is paired with a Health Reimbursement Account (HRA) to assist members with out-of-pocket expenses (deductible and coinsurance)
 - The type of coverage (for example, employee-only) determines the amount placed in the member's HRA account.
 - The HRA is a pooled account and is available to whichever family member needs it first. It is possible for one family member to use all the funds before another family member has a claim.

Coverage Type	HRA Funded Amount
Employee/retiree only	\$500
Employee/retiree + 1	\$1,000
Employee/retiree + 2 or more dependents	\$1,500
<i>Unused funds from 2014 will roll over to the next benefit year.</i>	

Consumer-Directed Health Plan (CDHP): Pharmacy Benefits

For Prescription Drugs:

- You will pay **in full** for prescription drugs if your deductible has not been met.
 - *Pay in full means you will pay 100% of the covered prescription drug cost*
- Once your deductible is met, you will pay a 15% coinsurance for prescriptions until your out-of-pocket maximum has been met.
- Once your out-of-pocket maximum has been met, your prescription will be covered at 100%.

ACA Preventive Medications

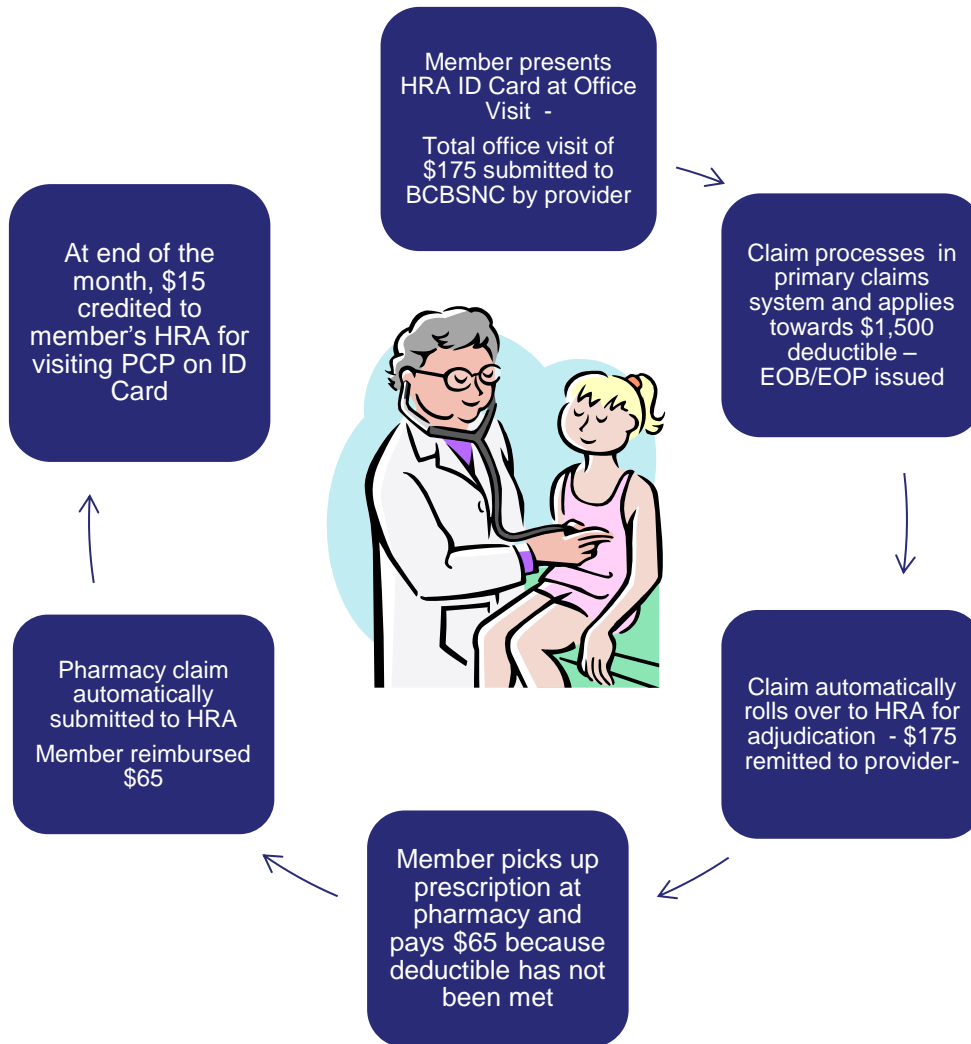
- Covered at 100%
- A list of these medications is available on the Plan's website at www.shpnc.org

CDHP Preventive Medications

- Medications on the CDHP Preventive Medication List are subject to 15% coinsurance with no deductible. Examples of medications include those used to prevent heart disease or stroke, asthma and diabetes.
- A list of these medications is available on the Plan's website at www.shpnc.org



How the Consumer-Directed Health Plan with HRA Works



Member's Individual Deductible	
Beginning Deductible	\$1,500
Office Visit	(\$175)
Rx	(\$65)
Remaining Deductible	\$1,260

HRA Account First Medical Cost of the Year	
Beginning Balance	\$500
Office Visit	(\$175)
Rx	(\$65)
Remaining HRA Balance	\$260
PCP Incentive Reward	\$15
New HRA Balance	\$275

CDHP Highlights in 2015

Coverage	In-Network	Out-of-Network
Plan-Provided HRA Contribution	\$500 employee/retiree \$1,000 employee/retiree + 1 dependent \$1,500 employee/retiree + 2 or more dependents	
Annual Deductible	\$1,500 individual/\$4,500 family	\$3,000 individual/\$9,000 family
Coinsurance (after deductible is met)	15% of eligible expenses	35% of eligible expenses
Out-of-Pocket Maximum for medical and pharmacy (includes deductible)	\$3,000 individual/\$9,000 family	\$6,000 individual/\$18,000 family
Office Visits (after deductible is met)	15% of eligible expenses; \$15 added to HRA if the PCP on the ID card is utilized; \$10 added to HRA if a Blue Options Designated specialist is utilized	35% of eligible expenses
Inpatient Hospital (after deductible is met)	15% of eligible expenses; \$50 added to HRA if a Blue Options Designated hospital is utilized	35% of eligible expenses
ACA Preventive Medication List	\$0 coinsurance, \$0 deductible	\$0 coinsurance, \$0 deductible
CDHP Preventive Medication List	15% coinsurance, \$0 deductible	15% coinsurance, \$0 deductible

The Traditional 70/30 Plan

Traditional 70/30 Plan Benefit Highlights

Coverage	In-Network	Out-of-Network
Annual Deductible	\$933 individual/\$2,799 family	\$1,866 individual/\$5,598 family
Coinsurance (after deductible is met)	30% of eligible expenses	50% of eligible expenses plus 100% of amount above the allowed amount
Coinsurance Maximum (excludes deductible)	\$3,793 individual/\$11,379 family	\$7,586 individual/\$22,758 family
Office Visits	\$35 copay for primary doctor \$81 copay for specialists	50% after deductible
Preventive Care	\$35 copay for primary doctor \$81 copay for specialists	Only certain services are covered
Inpatient Hospital	\$291 copay, then 30% after deductible	\$291 copay, then 50% after deductible
Prescription Drugs (for 30-day supply)	Tier 1 \$12 copay Tier 2 \$40 copay Tier 3 \$64 copay Tier 4 Preferred specialty medications 25% up to \$100 maximum per 30-day supply Tier 5 Non-preferred specialty medications 25% maximum up to \$125 maximum per 30-day supply	Tier 1 \$12 copay Tier 2 \$40 copay Tier 3 \$64 copay Tier 4 Preferred specialty medications 25% up to \$100 maximum per 30-day supply Tier 5 Non-preferred specialty medications 25% maximum up to \$125 maximum per 30-day supply

Traditional 70/30 Premium Rates

Coverage Type	Employee/ Retiree Monthly Premium	Dependent Monthly Premium	Total Monthly Premium
Employee/Retiree	\$0	N/A	\$0.00
Employee/Retiree + Child(ren)	\$0	\$205.12	\$205.12
Employee/Retiree + Spouse	\$0	\$528.52	\$528.52
Employee/Retiree + Family	\$0	\$562.94	\$562.94

Applied Behavior Analysis (ABA)

- Beginning January 1, 2015, the State Health Plan will cover Applied Behavior Analysis (ABA) for autism when the following criteria are met:
 - The member is younger than age 26, and
 - Diagnosed with Autism Spectrum Disorder by a licensed physician (MD or DO) or a licensed doctoral level clinical psychologist (PsyD or PhD) utilizing results from a face-to-face evaluation and a clinically recognized, validated tool accepted by the Mental Health Care Manager, and
 - Treatment is determined by the Mental Health Care Manager to be medically necessary.
- Coverage for ABA is limited to a maximum of \$36,000 per benefit year and is only available in-network.
- Coverage is subject to copay, deductible and coinsurance as applicable.

For more information regarding this coverage, refer to the Benefits Booklet on the Plan's website at www.shpnc.org. The 2015 Benefits Booklets will be available during Annual Enrollment.

Completing Annual Enrollment

- Action must be taken during Annual Enrollment—October 1–31, 2014:
 - Choose a health plan
 - Decide whom to cover
 - Complete wellness activities
 - **Print confirmation statement when complete**
- Remember, NC Flex Benefits enrollment in October as well.
- Online enrollment only – through the eEnroll or BEACON platform, depending on the agency/employer
- Choices are effective from January 1, 2015, through December 31, 2015

Enrollment Instructions

- **BEACON**

- Employee Self Service (ESS), available on the BEACON website at <https://mybeacon.nc.gov>. Select the “My Benefits” link to begin enrollment.
- For instructions, click on the “Read Before Beginning Online Enrollment” link.
- Members without ESS access may contact BEST Shared Services at 919-707-0707 (in Raleigh) or 866-622-3784 (statewide) to complete enrollment by phone.

- **eEnroll**

- All changes need to be done through the eEnroll system by logging in to the system at <https://shp-login.hrntouch.com> to enroll. For assistance in navigating eEnroll members can call Customer Service at 855-859-0966.

- **COBRA**

- All changes need to be done through the eEnroll system at <https://shp-login.hrntouch.com>. For assistance in navigating eEnroll members can call Customer Service at 855-859-0966.

Active, Non-Medicare Primary Retiree Outreach

- Members will receive 2 mailings
 - Decision Guide (September)
 - Reminder Postcard (October)
- Several webinars will be held September-October
- Resources available on the State Health Plan's website at www.shpnc.org
 - Member videos including the CDHP Video
 - Rate Sheets
 - Premium Calculator
 - Plan Comparison

Medicare Primary Retirees

2015 Annual Enrollment

Medicare Primary Member Plan Options

- If Medicare Primary members are satisfied with the plan in which they are currently enrolled, they may keep it and no action is required.
- If they wish to change their plan, add or remove dependents, or opt out of State Health Plan coverage they are able to do so during Annual Enrollment.
- 2015 Options are the same as last year:
 - Humana Group Medicare Advantage **BASE** Plan
 - Humana Group Medicare Advantage **ENHANCED** Plan
 - UnitedHealthcare Group Medicare Advantage **BASE** Plan
 - UnitedHealthcare Group Medicare Advantage **ENHANCED** Plan
 - Traditional 70/30, administered by Blue Cross and Blue Shield of NC

All plans include Prescription Drug Coverage

Medicare Primary Retiree Outreach

- Members will receive 3 mailings
 - Medicare Outreach Meeting Invite (August)
 - Decision Guide (September)
 - Reminder Postcard (October)
- Resources available on the State Health Plan's website at www.shpnc.org
 - Rate Sheets
 - Premium Calculator
 - Plan Comparisons
- More than 80 educational sessions will be conducted across the state
- Schedule will be posted to the Plan's website
- Retirees must enroll either through ORBIT or by phone at 855-859-0966

Where can Medicare Primary Retirees go for questions?

- Eligibility and Enrollment Support Center: **855-859-0966**
- Humana: **800-944-9442**
- UnitedHealthcare: **800-457-8506**
- Blue Cross and Blue Shield of NC (Traditional Plan Benefits) at **888-234-2416**

Retiring Member Important Reminders

- **It is important to remind retiring employees about auto enrollment in the health plan after retirement. Members must make any changes to their plan 30 days prior to their State Health Plan benefit effective date.** *(If their retirement date is January 1, their SHP benefit effective date is February 1).*
- Members that are fully contributory are responsible for paying their entire premium. Full contributory members do not have enough years of service to have their premiums paid by the State, which means the full premium amount will be automatically deducted from their pension.
- Remember to alert your employees who may be retiring that, if eligible, they will automatically be enrolled into State Health Plan benefits when they retire regardless of whether or not they are fully contributory or not. Once a member is automatically enrolled they will not be able to drop their State Health Plan benefits until the next Annual Enrollment period or unless they experience a qualifying life event.

Retiring Member Important Reminders

- Please review this information with retiring employees and discuss whether or not their years of service qualify them for the state contribution to premiums. The information below outlines whether or not the member is partially or fully contributory in regard to premiums.
- Employees who were hired before October 1, 2006, and have completed five years of service are partially contributory. This means that depending on the plan in which they are enrolled, should have either no premium or only a small retiree only premium.
- Employees who were hired after October 1, 2006 and have completed 20 years of services depending on the plan in which they are enrolled, should have either no premium or only a small retiree only premium.
- Employees who were hired on October 1, 2006, or later and have completed five years of service but less than 10 years, are eligible for State Health Plan benefits, but on a fully contributory basis. This means they will pay 100% of the premium.
- Employees who were hired on October 1, 2006, or later and have completed 10 years of service but less than 20 years, are eligible for State Health Plan benefits, but on a 50% contributory basis. This means they will pay 50% of the premium.

Enrollment Instructions

- Remember, it's important for HBRs to process terms for members turning 65 and retiring in the next couple of months in order for these members to receive the appropriate mailers.
- Medicare Primary retirees will need to make any changes electronically through ORBIT, accessible at www.myncretirement.com or telephonically.
- If they need assistance with navigating through eEnroll they may call 855-859-0966.
- If they do not have access to a computer they may call 855-859-0966 and a Customer Service representative can complete their election for them over the phone.

Newly Eligible Employees Plan Option

ACA Plan Requirements – Who is Eligible for Coverage?

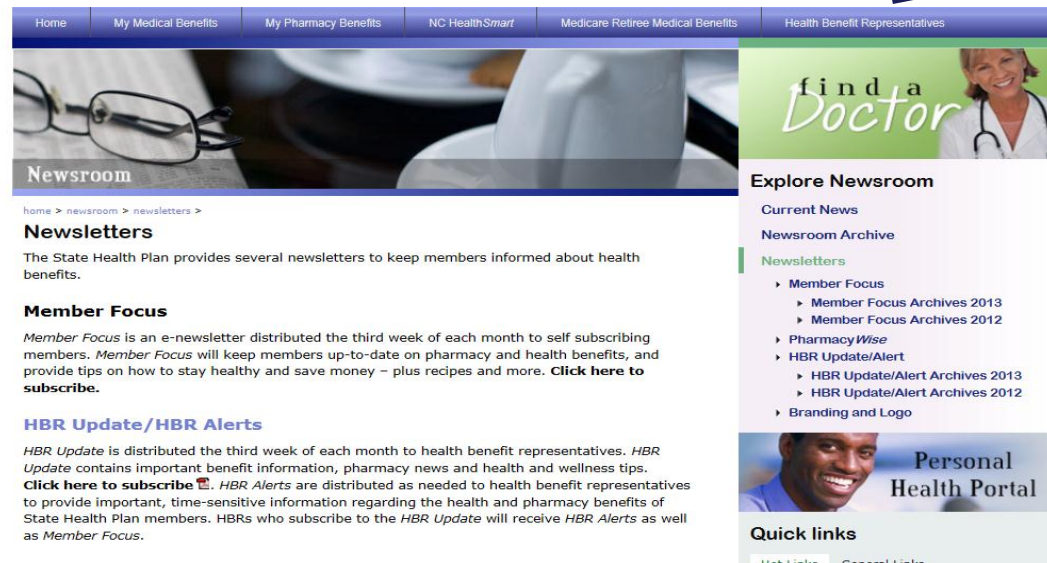
- The Affordable Care Act (ACA) and section 4980H of the Internal Revenue Code (the Code) prescribe updated definitions of full-time employees and requirements to determine which employees are required to be offered employer-sponsored health care.
- Employees are determined to be full-time, and thus required to be offered employer-sponsored health care, if they are reasonably expected to work 30 hours per week.
 - Employers have flexibility in their measurement and stability periods on determining eligibility.
 - This includes all non-permanent employees. Non-permanent employees are currently not offered coverage through the State Health Plan.
- To comply, the State Health Plan will be offering a new High Deductible Health Plan for those eligible.
- Employing units are responsible for identifying these employees.

High Deductible Health Plan

Plan Design Features	Minimum Creditable Coverage	
	(60% Actuarial Value)	Family Coverage
Deductible	\$5,000	\$10,000
Health Saving Account Compatible	Yes	Yes
Coinsurance	50%	50%
Medical Coinsurance Maximum	N/A	N/A
Out-of-Pocket Maximum	\$6,450	\$12,900
<u>Medical Copays</u>		
Preventive Care	Covered at 100%	Covered at 100%
Primary Care Provider	Deductible, then coinsurance	Deductible, then coinsurance
Specialist Visit	Deductible, then coinsurance	Deductible, then coinsurance
Inpatient Hospital	Deductible, then coinsurance	Deductible, then coinsurance
Emergency Room Services	Deductible, then coinsurance	Deductible, then coinsurance

Plan Administration

- Several HBR Alerts will be going to related to this plan and when enrollment take place.
- HBRs will be provided a PDF of an Enrollment Guide for this plan to distribute to eligible employees.
- More information will be forthcoming.
- If you do not receive SHP information (HBR Alerts, HBR Update,etc.), please visit the Plan's website to subscribe.
- Check out other HBR resources, while on the website!



The screenshot shows the North Carolina State Health Plan website. A red arrow points to the 'Newsletters' section, which states: 'The State Health Plan provides several newsletters to keep members informed about health benefits.' Below this, the 'Member Focus' section is highlighted, describing it as an e-newsletter distributed the third week of each month. Another red arrow points to the 'HBR Update/HBR Alerts' section, which states: 'HBR Update is distributed the third week of each month to health benefit representatives. HBR Update contains important benefit information, pharmacy news and health and wellness tips. Click here to subscribe. HBR Alerts are distributed as needed to health benefit representatives to provide important, time-sensitive information regarding the health and pharmacy benefits of State Health Plan members. HBRs who subscribe to the HBR Update will receive HBR Alerts as well as Member Focus.'

Home | My Medical Benefits | My Pharmacy Benefits | NC HealthSmart | Medicare Retiree Medical Benefits | Health Benefit Representatives

Newsroom

home > newsroom > newsletters >

Newsletters

The State Health Plan provides several newsletters to keep members informed about health benefits.

Member Focus

Member Focus is an e-newsletter distributed the third week of each month to self subscribing members. Member Focus will keep members up-to-date on pharmacy and health benefits, and provide tips on how to stay healthy and save money – plus recipes and more. [Click here to subscribe.](#)

HBR Update/HBR Alerts

HBR Update is distributed the third week of each month to health benefit representatives. HBR Update contains important benefit information, pharmacy news and health and wellness tips. [Click here to subscribe.](#) HBR Alerts are distributed as needed to health benefit representatives to provide important, time-sensitive information regarding the health and pharmacy benefits of State Health Plan members. HBRs who subscribe to the HBR Update will receive HBR Alerts as well as Member Focus.

Explore Newsroom

Current News
Newsroom Archive
Newsletters

- Member Focus
 - Member Focus Archives 2013
 - Member Focus Archives 2012
- PharmacyWise
- HBR Update/Alert
 - HBR Update/Alert Archives 2013
 - HBR Update/Alert Archives 2012
- Branding and Logo

Personal Health Portal

Quick links

[Get Links](#) [General Links](#)

HBR Resources

- ELIGIBILITY AND ENROLLMENT for eEnroll Agencies
855-859-0966
- ELIGIBILITY AND ENROLLMENT for BEACON Agencies
919-707-0707
- BLUE CROSS AND BLUE SHIELD OF NC (BENEFITS, CLAIMS and HRA)
888-234-2416
- COBRAGUARD (PREMIUM BILLING, Directbill/COBRA)
877-679-6272
- EXPRESS SCRIPTS (PHARMACY QUESTIONS for Active/Non-Medicare Retirees)
800-336-5933

Thank you!



North Carolina
State Health Plan

FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer

www.shpnc.org

www.nctreasurer.com